clinical cases DDIs

Date of report 20 Jun 2019

Reported case interaction between **Rilpivirine** and **Methadone**

Drugs suspected to be involved in the DDI

Rilpivirine

Daily Dose
25 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Jan. 21, 2014

End date
April 30, 2019

Methadone

Daily Dose
165 (mg)

Dose adjustment performed
Yes

Administration Route
Oral

Start date
Unknown

End date
Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Rilpivirine
Atazanavir (unboosted)
Raltegravir

Complete list of all comedications taken by the patient, included that involved in the DDI

Methadone, Sofosbuvir/velpatasvir

Clinical case description

Gender

Male

Age

45

eGFR (mL/min)

>60

Liver function impairment

Yes

Child-Pugh

Child-Pugh A

Description

45 year-old HIV/HCV patient. On antiretroviral therapy with raltegravir plus rilpivirine and unboosted atazanavir (GI intolerant to ritonavir and cobicistat; suspected resistance to NRTI -further reviewed and considered to retain activity for TDF/TAF). Concomitat treatment with methadone (165 mg qd). Prolonged QTc in ECG (673 msec). It was considered that rilpivirine, atazanavir and methadone were all potentially contributing to increase QTc. Antiretroviral therapy was changed to Bictegravir/FTC/TAF and methadone dose was decreased to 150 mg qd. A new ECG performed 2 weeks after showed a decrease in QTc to 443 msec.

Clinical Outcome

Toxicity

Drug Interaction Probability Scale (DIPS)

Score

7 - Probable

Editorial Comment

ATV and RIL have only slight effect on methadone plasmatic concentrations. However, considering that the three drugs have all shown to have the potential to increase QT interval, prescription of such association (or other drug combination known for sharing the same potential side effect) should be performed with caution. Currently, unboosted atazanavir is rarely prescribed although it could be eventually chosen to build an active ARV regimen when ritonavir or cobicistat need to be avoided.

University of Liverpool Recommendation

■ Potential interaction - may require close monitoring, alteration of drug dosage or timing of administration

For more information click here